

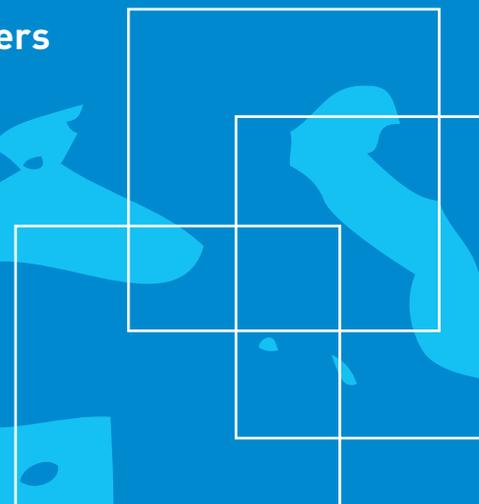


International  
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Organization

# TRANSNATIONAL MIGRATION OF DOMESTIC AND CARE WORKERS IN ASIA PACIFIC



Global Action Programme  
on Migrant Domestic Workers  
and their Families,  
an ILO/UE project



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**Transnational Migration of Domestic  
and Care Workers in Asia Pacific**

**Ito Peng**

**Global Action Programme on Migrant Domestic Workers and their  
Families**

**An ILO/UE project**

**International Labour Office  
Geneva**

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## Abbreviations

MOL	Ministry of Labour
EPA	Economic Partnership Agreement
JICWELS	Japan International Corporation of Welfare Services
MOHRSS	China's Ministry of Human Resources and Social Security
HOME	Humanitarian Organization for Migration Economics
LTCI	Long Term Care Insurance
CEPD	Taiwan-Council for Economic Planning and Development



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## Introduction

The migration of domestic and care workers is happening in every corner of the world today, but nowhere is it as apparent as in Asia and Pacific. According to the UN International Migration Report there were an estimated 75 million international migrants living in Asia in 2015, making it the 2nd largest migratory hub in the world after Europe (76 million) (UN-DESA 2016). The number of international migrants in Asia has been increasing rapidly. The region added 26 million more international migrants between 2000 and 2015. It is now the fastest growing migration corridor in the world (UN-DESA 2016). Much of the migration in Asia is, however, intra-regional, accounting for 60 per cent (or 62 million) of its international migration in 2015 (UN-DESA 2016). The large number of countries within Asia and their diverse social, economic, cultural and political backgrounds also make it both the world's largest migrant sending and receiving region: in 2015 there were, in addition to the 62 million intra-regional migration within Asia, out-migrations of 20 million to Europe and 17 million to North America, and an in-migration of 8 million from Europe to Asia (UN-DESA 2016).

A large proportion of migrant workers, and particularly female migrant workers, in Asia and Pacific work as domestics, nurses, caregivers and other personal service providers in the receiving countries. Amongst the estimated 67 million domestic workers around the world in 2013, 23.7 million (35.4 per cent) were working in Asia and Pacific regions, and within that 23.7 million, 3.34 million (14.1 per cent) were *migrant domestic workers*, and over 80 per cent were women (ILO 2015). In China alone there were estimated 13 million domestic workers in 2013 (ILO 2015: 41), although most of them are internal migrants migrating from rural to urban areas rather than internationally. These figures, however, do not take into account a large number of care workers who perform work that is very similar to those done by domestic workers, including caring for children, the elderly and/or the disabled, and providing various homecare and personal care services within private homes, and less frequently in community/institutional settings. A good example of this is the 224,000 registered foreign live-in-caregivers in Taiwan who are employed to provide personal care for frail elderly people in their private homes (Taiwan-MOL 2016).

This report examines the patterns of and policies related to migration of domestic and care workers in East and Southeast Asia, a sub-region within Asia. East and Southeast Asia is of much research and policy interest because of large increase in the numbers of migrant domestic and care workers since the 1990s, and the significant heterogeneity in the migratory patterns of these workers due to differences in national policies and the uses of migrant domestic and care workers. For instance, of the total 1.43 million landbased Filipino workers deployed worldwide in 2014, more than one fifth (21.3 per cent or 304,623) were deployed in just three East and Southeast Asian countries of Singapore, Hong Kong and Taiwan (POEA 2015), and the vast majority of them were women and in domestic services and caregiving.<sup>1</sup> The substantial social, cultural, and institutional diversity that exist amongst receiving and sending countries within East and Southeast Asia also afford a rich ground for comparing national and transnational care migration policies and regimes. The region comprises some of the world's richest economies (Japan, Hong Kong, Singapore) and some of the poorest (Vietnam, Cambodia, Indonesia, and the Philippines). As well, it contains

<sup>1</sup> The Philippine Overseas Employment Administration organizes statistics for Filipino workers overseas deployment into "landbased" and "seabased" employments. Seabased employment involves all forms of employment on ships, while landbased employment include all other forms of overseas employment. A large proportion of landbased employment is classified "service work". In 2014, out of the total of 1,832,668 Filipino workers deployed overseas, 1,430,842 (78%) were in landbase employment, while 401,826 (22%) were seabased workers. Amongst the landbased workers, approximately 52% were in service work (POEA 2015).

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China, the world's second largest economy and largest national population that is currently undergoing huge domestic social and economic transformations. In short, the intensity of care related labour migration and the diversity of economic development stages, political regimes, and cultural and religious backgrounds in East and Southeast Asia provides an invaluable terrain for understanding different modalities and dynamics associated with gender, care and migration, as well as the growing interdependencies between richer and poorer localities and countries through care relationships within this region.

The migration of domestic and care workers in East and Southeast Asia reveals three important elements. First, the recent increase in the migration of female domestic and care workers in this sub-region is a result of a combination of structural, ideational, and policy/political changes, including: 1) rapid demographic ageing and low fertility, and increased women's labour market participation in richer countries creating increased demand for care; 2) increased cultural acceptance and normalization of outsourcing family care to non-family caregivers; 3) increased economic imperatives and incentives for women from the sending countries to out-migrate to seek employment; and 4) changes in social, economic and immigration policies in sending and receiving countries that together work to facilitate increased migration of female domestic and care workers.

Second, notwithstanding the general pattern of increased migration of domestic and care workers in East and Southeast Asia, there are also noticeable differences in the acceptance and uses of migrant domestic and care workers amongst receiving countries in East and Southeast Asia. This is largely due to the differences in their social and economic policies, which are in turn shaped by pre-existing institutions and employment regimes, and ideas about national identity and acceptability of multicultural changes. Broadly, Japan and South Korea have been more stringent in accepting migrant domestic and care workers, and instead, have opted to expand publicly supported childcare and elder care services to address the care needs of their citizens. This has resulted in limited intake of foreign care workers in these countries. In contrast, the governments of Singapore, Hong Kong and Taiwan have opted for more liberal use of foreign migrant domestics and care workers to address the countries' care needs. They therefore implemented financial support, tax incentives and immigration policy reforms to help families employ foreign domestics and care workers. This has led to a large intake of foreign domestic and care workers in the three countries. Third, China stands as an exception to other East and Southeast Asian countries in that it is a site of both migrant sending and receiving contexts within its national border. China's large population size and huge rural and urban disparities have resulted in a mass migration of rural workers to urban centres, while childcare and elder care policy reforms since the 1990s have fuelled a rapid expansion of private care services that is in turn drawing a large number of rural migrant female workers into employment. Studies show rural female migrants now represent the majority of elder care workers in urban China (Hong 2015).

This report is organized as follows. The next section (Section 1) provides a brief scan of the migration patterns of domestic and care workers in East and Southeast Asia, paying attention to the latest trends and demand and supply factors. The Section 2 outlines social, cultural, and economic contexts behind increased demand for and supply of domestic and care workers in the region. And Section 3 discusses the diverse governmental policies affecting the migration of domestic and care workers in the region. In the conclusion section I summarize the key learning from the case of East and Southeast Asia and raise some of questions that need to be addressed in future.

# 1. Domestic and care worker migration patterns in East and Southeast Asia

## Key receiving and sending countries

There is an active movement of domestic and care workers within East and Southeast Asia, typically from poorer Southeast Asian countries to richer East Asian countries that are facing care labour shortages. In general, the five main destination countries for foreign migrant domestic and care workers in the region are Japan, South Korea, Taiwan, Hong Kong and Singapore, while the key sending countries are the Philippines, Indonesia, and Vietnam. In 2014 there were nearly 850,000 foreign domestic and care workers working in the five receiving countries, although their numbers vary immensely from those that make intensive use of foreign domestic and care workers such as Singapore and Hong Kong, to those that employ very few foreign domestic and care workers such as Japan and South Korea (see Table 1). The formal occupational classifications of these foreign workers also vary amongst the five receiving countries. In Singapore almost all the foreign domestic and care workers are registered as either foreign domestic workers while in Hong Kong they are registered as foreign domestic helpers. In Taiwan the “live-in-foreign-caregiver program” formally limits these people to the work to only providing care to frail elderly, and thus classify them as caregivers rather than domestics. However, studies note that regardless of the formal classifications, domestic and care workers in these three countries do a wide range of domestic and care services that often go beyond their formal job descriptions (Cortes and Pan 2013; Liang 2011; Piper 2009; Huang, Thang and Toyota 2012). As well, because these domestic and care workers work in private homes and in live-in situations, public monitoring of their work is often difficult and regulatory enforcement to protect these workers from employer violation of work conditions is limited. In Japan, foreign care workers enter the country via bilateral Economic Partnership Agreements (EPA) with the Philippines, Indonesia and Vietnam. These EPA foreign nurses/care workers are employed by long-term care institutions *within* the Long-term Care Insurance system rather than private homes. In South Korea there is no formal immigration classification for foreign care workers or domestics. Most of the foreign care workers are co-ethnic foreigners—Chinese Koreans or Chosonjok—many of whom are long-term residents of the country and have special working visa. A large number of older Chosonjok women work as elder care workers in the form of informal or secondary labour force *outside of* the Long-term Care Insurance system, in private homes and/or institutions.

Table 1: Total number of foreign domestic/care workers in East/Southeast Asia (2014)

Country	Total number of foreign domestic/care workers	Total number of households (million)	Total population (million)	Ratio of foreign domestics/care workers to households
Singapore	231,500	1.17	5.47	1/5.1
Hong Kong	320,000	2.4	7.19	1/7.5
Taiwan	224,356	8.19	23.4	1/36.5
Japan	1,211*	51.84	126.95	1/42,807.6
South Korea	70,000**	18.5	50.5	1/264.3

Notes: \* based on the number of EPA nurses and care workers residing and working in Japan as of 2014. \*\*estimated, including undocumented foreign workers.

Sources: Singapore – Ministry of Manpower 2016; Taiwan-Ministry of Labor (MOL) 2016; Japan International Corporation of Welfare Services (JICWELS) 2015

China stands as an anomaly amongst its immediate East and Southeast Asian neighbours. The country houses a huge migrant worker population, but most of its migrants are internal rather than international. In 2014 there were 253 million “floating population” within the

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country, the vast majority of this rural to urban migrants (China-NBS 2015). Using data from China's Ministry of Human Resources and Social Security (MOHRSS) and its long term projection, ILO estimates that there were 13 million domestic workers in 2013 (ILO 2015: 41), most of them work in wealthy cities. Other studies show that a large proportion of domestic and care workers in cities such as Shanghai, Beijing, Shenzhen and Guangzhou come from neighbouring rural provinces (ILO 2009, 2016; Laliberté forthcoming; Hong 2015, forthcoming). An increasing number of rural migrant women workers are being channeled into domestic and elder care work in cities because of the combination of increased demand for care, their rural migrant status, employment discrimination, and lack of employment opportunities (Hong forthcoming).

The three key sending countries in East and Southeast Asia are the Philippines, Indonesia and Vietnam. The Philippines has been the largest sending country for domestic and care workers to Japan, South Korea, Taiwan, Hong Kong and Singapore until the early-2000s, however, since then Indonesia, and more recently Vietnam, have gained significant market shares in the supply of domestic and care workers. For example, in Taiwan whereas Filipinas dominated foreign-live-in-caregivers during the early years of the program in the 1990s, they have been steadily replaced by Indonesians since the beginning of 2000 (Liang 2011). Today, Indonesian women make up the largest foreign care worker group in Taiwan: of the 224,356 foreign migrant care workers working in the country in 2015, 79 per cent were from Indonesia (up from 69 per cent in 2001), while Filipinas made up 12.3 per cent and Vietnamese 8.4 per cent. The intake of Indonesian workers in Taiwan also more than doubled over the last fifteen years, from 78,678 in 2001 to 177,265 in 2015, while that of Filipina foreign care workers remained little changed from 24,875 to 27,613, respectively. Interestingly, number of Vietnamese care workers in Taiwan also increased significantly, from 5,221 in 2001 to 18,919 in 2015 (Taiwan-MOL). The increase in Indonesian foreign care workers in Taiwan has been explained by effective "marketing" of Indonesian care workers as naïve and subservient employees by Indonesian Calos (local brokers) and Taiwanese recruiters (Liang 2011). Lindquist (2010) and Silvey (2007) argues that private agencies and intermediaries in Indonesia have been playing important roles in recruiting, training, and deploying Indonesian domestic and care workers abroad, often with active support from the government in advancing labour deployment business system. At the same time, the process also speaks of the significance of national stereotyping and ethnic biases in the acceptance and hiring of foreign care workers in receiving countries.

Like the case of Taiwan, Indonesia has also increased its deployment of domestic workers to Hong Kong as well. Initially, most of the foreign domestic workers in Hong Kong came from the Philippines; however this pattern changed quite dramatically since the 2000s. Whereas in 1982, 96 per cent of 20,959 registered foreign domestic workers in Hong Kong came from the Philippines, by 2013 only 50 per cent of about 320,000 registered foreign domestic workers were Filipinas, while Indonesians made up another 47 per cent (Ullah 2015). Similarly to Taiwan, the replacement of Filipina domestic helpers by Indonesians in recent decades has been largely attributed to active marketing of Indonesian domestics by brokers at both sending and receiving sides. Wang (2011) also notes that human capital differences between Filipina and Indonesian domestic workers, and socio-demographic differences amongst Hong Kong employers also have contributed to the increased use of Indonesian domestic workers in that country. For example, whereas about 70 per cent of Filipina domestic workers in Hong Kong speak only English, over half of Indonesian domestic helpers speak Cantonese and another nearly 40 per cent are bilingual. As well, Indonesian domestic helpers in Hong Kong tend to be younger and less educated, and hence earn lower wages, compared to their Filipina counterparts. Wang's analysis reveals that Hong Kong employers with higher education have stronger preference for Filipina domestic workers, while families with small children are more likely to hire Indonesian domestic workers (Wang 2011).

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The Indonesian and Filipina domestic workers also dominate foreign domestic work in Singapore as well. Of the 218,300 registered foreign domestic workers in Singapore in 2014, an estimated 120,000 (55 per cent) were from Indonesia and about 70,000 (32 per cent) were from the Philippines (HOME 2015). Since 2006, there has been also an increased recruitment of domestic workers from Myanmar to Singapore as well. A recent study by Humanitarian Organization for Migration Economics (HOME) indicates that given the current persistent demand for foreign domestic workers, the Singapore government plans to increase the number of foreign domestic worker intake to 300,000 by 2030 (HOME 2015).

Though much fewer in numbers, Indonesia and the Philippines also have been the main suppliers of foreign nurses and care workers to Japan as well. The Japanese government began accepting EPA nurses and care workers from Indonesia in 2008, starting with an initial intake of 104 in 2008 and 189 in 2009. The number of Indonesian nurses and care workers arriving to Japan, however, dropped sharply after 2010, and fell to as low as 58 in 2011 as a result of a combination of extremely high barrier created by the Japanese government for longer-stay and the Tohoku earthquake and tsunami in the spring of 2011. The Japanese government requires all the EPA nurses and care workers to write and pass Japanese nursing or care worker certification examinations (in Japanese) within 4 years of entry. Unsurprisingly the very low passing rates (less than 10 per cent for nursing license examination, and approximately 30 per cent for care worker license examination) have discouraged applicants from all the EPA countries (Ohno 2015; JICWELS 2015). To address the sharp drop in the applicant pool, Japanese government added additional support for EPA nurses and care workers to help them prepare for licensing examinations after 2010. Following the change, the intake of Indonesian nurses and care workers rose again to 146 in 2014 and 217 in 2015 (JICWELS 2015). Since 2008, a total of 950 Indonesian EPA nurses and care workers have arrived in Japan. Filipinas EPA nurses and care workers began arriving in Japan in 2009, with 190 that year. The number immediately fell to 72 in 2010 and to 61 in 2011, for same reasons as the case of Indonesian nurses and care workers. As the case of Indonesian EPA nurses and care workers, the numbers of Filipina EPA nurses and care workers also increased to 147 in 2014 and 221 in 2015. A total of 851 Filipina nurses and care workers have arrived in Japan between 2009 and 2015. Vietnam signed the EPA with Japan in 2013. It sent 117 and 139 nurses and care workers in 2014 and 2015, respectively, with a total of 256 deployed since 2013 (Kamibayashi 2015).

Though much smaller in numbers compared to Indonesia and the Philippines, Vietnam has been steadily increasing its deployment of foreign migrant workers to Taiwan, Japan and South Korea since 2000 (Miller 2015). The three East Asian countries made up 50.3 per cent of Vietnamese out-migration between 2000 and 2010 (Vietnam – Ministry of Foreign Affairs 2014). The largest number of out-migration from Vietnam has been to Taiwan. Between 2000 and 2010 a total of 237,643 Vietnamese left the country to live and work in Taiwan, an annual increase from 8,099 in 2000 to 28,499 in 2010. Taiwanese Ministry of Labor's data suggests that of the 28,499 Vietnamese who arrived in Taiwan, about 26,500 were in care workers (Taiwan-MOL 2016). Another large group of out-migration from Vietnam to Taiwan is marriage migrants (Vietnam – Ministry of Foreign Affairs 2014; Bélanger and Lihn 2011; MPI 2015). There has been a total of 90,744 migrants from Vietnam to South Korea between 2000 and 2010. The annual number of Vietnamese out-migrants rose steadily from 7,316 in 2000 to 18,141 in 2008 and then gradually fell to 8,628 in 2010, after the Korean government imposed stricter controls to stamp out fraudulent international marriage migrations. A significant number of Vietnamese migrants to Taiwan and South Korea during the first decade of the 2000s were in fact marriage migrants. Since the mid-1990s, an extensive network of international marriage industry has developed to facilitate international marriages between Vietnamese women and Taiwanese and South Korean men. Bélanger and Lihn (2011) claim that an estimated 110,000 Vietnamese women have married Taiwanese men and another 25,000 to South Korean men over the last decade or so. Finally, the deployment of Vietnamese workers to Japan has also increased in the recent years, although as stated earlier, Japan's intake of foreign workers, and particularly foreign care workers,

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has been very low compared to other East Asian countries. There were an annual out-migration of 1,493 Vietnamese to Japan in 2000; the number rose to 4,913 in 2010, however none of these people were entering the country for the purpose of care work during that period.

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## 2. Social, cultural, and economic contexts behind increased demand for and supply of domestic and care workers in East and Southeast Asia

The recent increase and the changes in the patterns of domestic and care worker migrations from the Philippines, Indonesia, and Vietnam to Japan, South Korea, Taiwan, Hong Kong and Singapore are closely related to social, economic, cultural and political/policy changes in both the sending and receiving countries. This section discusses three factors contributing to these changes and new patterns: 1) social, demographic, and cultural changes in receiving countries that are driving the demand for care; 2) the combination of state labour export policy and the expansion of migration broker industries in the sending countries that are creating imperatives and incentives for women to out-migrate; and 3) different social and immigration policies in receiving countries that are shaping the diverse care migration patterns in the region.

### 2.1 Receiving country factors: Social, demographic and cultural changes

The five migrant domestic and care worker receiving countries in East and Southeast Asia share in common Confucian cultural teachings that prescribe care as a family obligation. However, significant changes in demographic and family structures and gender relations in these countries have led to rapid modifications of the traditional Confucian practices, particularly in relation to filial piety and familial care practices. Overall, there has been an increased acceptance towards outsourcing and socializing familial care. First, the fertility decline and rapid population ageing coupled with de-familiarization have made outsourcing of care a necessity. As shown in Table 2, total fertility rates have declined sharply across East and Southeast Asia. The rapid fertility decline has come in two waves, with Japan, South Korea, Singapore, Hong Kong and Taiwan (the five receiving countries) experiencing rapid fertility decline in the 1980s and 1990s, followed by more recent fertility decline in rapidly industrializing Southeast Asian countries of Indonesia, Lao, Philippines, Thailand and Vietnam. By the early-2000s, the former five Asian countries had become what demographers refer to as the “very low fertility” nations (McDonald 2000).

Table 2: Total fertility rates among Asia-Pacific countries

Countries	1970-75	1990-95	2010-15
Australia	2.54	1.86	1.92
Canada	1.98	1.69	1.61
China	4.85	2.00	1.55
Indonesia	5.30	2.90	2.50
Japan	2.13	1.48	1.40
Lao	5.99	5.88	3.10
Philippines	5.98	4.14	3.04
Korea	4.28	1.70	1.26
Singapore	2.82	1.75	1.23
Taiwan	3.38	1.79	1.07
Thailand	5.05	1.99	1.53
Vietnam	6.33	3.23	1.96
Hong Kong	3.29	1.24	1.20

Source: UN-DESA. 2016b. *World Population Prospectus, the 2015 Revision* (<http://esa.un.org/unpd/wpp/>).

The low fertility rates have directly contributed to rapid population ageing across the region. For example, the proportion of people over the age of 65 has risen in all the five receiving East and Southeast Asian countries (Table 3). These countries will face further demographic ageing over the next couple of decades, with projected quarter to a third of populations reaching the age of 65 or over by 2035 (UN-DESA 2016; Taiwan-CEPD 2013). The rapid population ageing, no doubt, has and will contribute to increased demands for care.

Table 3: Ageing population as per cent of total population

Countries	1990	2000	2010	2035
China	5.5	6.7	8.2	21.3
Hong Kong	8.7	11	12.9	29.2
Indonesia	3.8	4.7	4.9	9.9
Japan	11.9	17.2	22.9	31.9
Philippines	3.1	3.2	4.2	7.5
Singapore	5.6	7.3	9.0	26.7
Korea	5.0	7.3	11.1	27.4
Taiwan	6.1	8.5	10.8	27.5
Thailand	4.5	6.6	8.9	22.8
Vietnam	5.7	6.4	6.5	14.6

Sources: UN-DESA. 2016b. *World Population Prospectus, the 2015 Revision* (<http://esa.un.org/unpd/wpp/>)

Multi-generational households have also declined in many parts of East and Southeast Asia, as a result of urbanization and the spread of middle-class western ideals about nuclear family household. In Japan, the proportion of people 65+ living with their adult children had dropped from 69.0 per cent to 42.2 per cent between 1980 and 2010. At the same time, that of elderly people living only with their spouses or on their own doubled from 28.1 per cent to 54.1 per cent during this period (Japan-Cabinet Office 2012). In 2011, only 15.4 per cent of Japanese elderly were living in three-generation households, as opposed to 50.1 per cent in 1980 (Japan-Cabinet Office 2012). In South Korea, the proportion of elderly people living in three-generation households also fell from 49.6 to 30.8 per cent within one decade between 1990 and 2000, while those living alone or only with their spouses increased from 16.9 to 28.7 per cent (Korea-National Statistics Office 2004, quoted in Cho 2005). Similarly, in Taiwan the proportion of elderly people living with their children (including spouse and children) declined from 70.2 per cent in 1986 to 57.3 per cent in 2005, while those living on their own or only with their spouses rose from 25.6 per cent to 36.9 per cent (Wang 2011). Like Taiwan, the proportion of people 65 years and over living with their children in Hong Kong also declined (from 60.3 per cent in 1996 to 51.1 per cent in 2011) as more elderly people are living only with spouse (16.2 per cent to 23.6 per cent) or on their own (11.5 per cent to 12.7 per cent, respectively) (Hong Kong 2008, 2013). In Singapore, the proportion of elderly people living alone is up from 9.4 per cent in 1990 to 17.4% 2010, as well, those living only with spouse has jumped from 8.4 per cent to 23.4 per cent, respectively. Those living with children (either with or without spouse) declined from 64.6 per cent to 46.6 per cent, during the same time period (Statistics Singapore 2014). While Japan and South Korea may be at the forefront of the familial/household structural changes in the region, other countries in the region are also experiencing a very similar pattern.

The demand for care in the migrant domestic and care worker receiving countries in East and Southeast Asia is therefore rising precisely at a time when the family's capacity to care is diminishing. Hitherto the three- and multiple-generation household arrangements have been an important mechanism for intergenerational co-dependency and care exchanges

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in Asia: for example, grandparents, during their young elderly phase, provide care for their grandchildren, and in return, receive care from their adult children and grandchildren when they become old-old and frail. New family structures today clearly show that these arrangements are no longer practical or feasible. The increased proportion of elderly people living alone or only with their own spouses has made elderly care not only a challenge for families but also an urgent public policy agenda for governments. The fertility decline will only exacerbate the growing care deficits in the future because there will be even fewer adult children (daughters and daughters-in-law) available to provide care for the ageing parents and relatives.

Changes in people's ideas and expectations about family and gender relations are also causing strain on the traditional Confucian ideas and people's daily practices. Recent social surveys show fewer younger people are adhering to the idea of taking primary responsibility for their ageing parents; while, fewer older people expect to depend on their children in their old age. For example, whereas in 1998, 90 per cent of South Korean people surveyed believed that the family should be responsible for the support and care of the elderly; by 2012, that figure had dropped to 33 per cent (Statistics Korea 2013). Instead, more South Koreans today expect the government and society to provide care for the elderly (Statistics Korea 2013; KWDI 2013). In Japan, fewer people expect to live with their children or expect their children to take care of them in their old age. A 2008 national survey found that only 18.0 per cent of people surveyed wanted to live with their children in their old age; instead, 51.5 per cent claimed that they would prefer living separately or live near by their children. This is a big change from 1983 when the same survey found 46.1 per cent of people stating that they wanted and expected to live with their children in their old age, while only 29.1 per cent prefer living separately or live near by their children (Japan-MOHLW 2009).

In addition to these changes in familial care expectations, the total female employment rates in all these countries have increased noticeably since 1980. Today, 50 per cent or more women in all the sending and receiving countries are employed as compared to 30 to 50 percent in the receiving and 20 to 30 per cent in the sending countries, respectively, in 1980 (UN-DESA 2016c; Quah 2003). The 2010 Pew Global Attitudes Survey on gender (2011) also found that 95 per cent of Chinese, 93 per cent of Korean, 89 per cent of Japanese and 64 per cent of Indonesian men and women surveyed agreed that women should have equal rights to men. Ninety-seven per cent of Chinese, 96 per cent of Korea, 96 per cent of Japanese and 88 per cent of Indonesians also agreed that women should be able to work outside the home (Pew 2011). Public opinion surveys in Japan, Korea, and Taiwan show significant attitudinal changes in relation to family and gender in these countries. In all these countries, the majority of people no longer subscribe to the idea that men should work and women should stay home, and that most people agree to the idea of adult worker model household (Japan-Cabinet Office Gender Equality Bureau 2011; KWDI 2013; Taiwan-RDEC 2011).

In sum, data show noticeable structural and attitudinal changes in relation to family and gender in East and Southeast Asia. There appears to be an evident weakening of Confucian norms and expectations. As Wong and Chou (2006) note Asian families can no longer count on their children and women to provide care for their elderly members. This has resulted in increasing outsourcing of care—or what Lan (2002) refers to as the phenomenon of “subcontracting filial piety”.

## **2.2 Sending country factors: Labour export policy and migration broker industries**

Whereas social, demographic, and cultural changes in receiving countries in East and Southeast Asia are creating a powerful pull for migrant domestic and care workers, the combination of state labour export policy and the expansion of migration broker industries in the sending countries are also a formidable push factor for women to migrate as domestic

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and care workers. Since the oil crisis of 1973, many migrant sending countries in Southeast Asia, such as the Philippines, have become increasingly reliant on labour export as a way to manage domestic social and economic tensions. To alleviate high unemployment and underemployment problems in the aftermath of the 1973 economic crisis, the Philippine government passed the Labor Code of the Philippines in 1974 establishing the national framework for overseas employment program (Asis 2006; Castles 2009). Although initially considered as a temporary measure, the labour export policy soon proved indispensable as the overseas demand for Filipino workers from the Gulf States, and later also from other East and Southeast Asian countries, continued to rise. The labour export policy became even more imperative after the Philippine and other Southeast Asian countries suffered further economic set back following the Asian economic crisis of 1997/98. Throughout this time, remittances from overseas Filipino workers proved increasingly critical for both the country and families' economic survival. By 2000, overseas remittance made up over 10 per cent of the Philippine's GDP. At household level, it had become an important source of financial support for family welfare (Ducanes 2015; Semyonov and Gorodzeisky 2008). Finally, as demand for domestic and other service sector workers grew after 1990, Filipina women soon outnumbered men as labour migrants. Similar pattern is also evident for Indonesia.

Recent studies also show strong links between the development of local and transnational migration broker industries and the increased deployment of domestic and care workers, particularly in Indonesia and Vietnam – and in the case of Vietnam also marriage migration – abroad. Studies have found rapid emergence and expansion of formal and informal brokerage systems in Indonesia and Vietnam since the 1990s (Lindquist 2010; Bélanger and Lihn 2011; Lindquist, Xiang and Yeoh 2012; Kuo 2014). Taking full advantage of the large global demands for care workers (and for foreign brides), many of these new businesses have developed a complex system of recruiting, training and deploying young women to work as domestics and care workers in regions such as the Arab States and East Asia. Sending country governments also play an important role in this new transnational migration nexus. For instance, like the Philippine government, the Indonesian government also has been reinforcing its labour export policy since the 1990s, praising migrant workers as the country's "economic heroes" (*pahlawan devisa*), while at the same time trying to centralize immigration control in attempt to protect female migrants from human rights abuse abroad. By centralizing and formalizing migration control, Lindquist (2010) argues that labour recruiters in rural and urban Indonesia, with their skills to navigate complex bureaucracies, have come to play an important and profitable role in recruiting and processing potential migrant workers (often young, uneducated women from rural areas) for export. Aguinias' (2010) report also highlights the mismatch between the Philippine and UAE governments' regulatory policies; the vital role played by private recruiters in driving the flow of migrant workers. Other studies similarly reveal the growing importance of migration brokers and government institutions in facilitating and shaping transnational migration of domestic and care workers in Southeast Asia (Silvey 2007; Xiang 2008; Lindquist, Xiang and Yeoh 2012; Kim 2012; Bélanger and Lihn 2011). What these studies underscore are the new economics of transnational migration business, the roles of transnational migration broker or intermediaries and government policies and institutions in shaping migration patterns and processes of female domestic and care workers in the sending countries. In short, the government labour export policy and the expansion of migration broker industry have become two factors powerfully shaping transnational migration regime in sending countries.

Finally, it is important to underscore here that the importance of remittance for the families and national economies of sending countries cannot be underestimated (Rahman and Fee 2009; World Bank 2016). The Philippines, Indonesia and Vietnam are three of the top remittance receiving countries in the world: in 2015, the Philippines was the third largest remittance receiving country in the world, after India and China. The Philippine received US\$29.7 billion or 10 per cent of its country's GDP in remittance from its citizens working abroad, while Vietnam (11th) received US\$12.3 billion, and Indonesia (14th) US\$10.5 billion (World Bank 2016). This is unquestionably a huge boon for the national economy

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and an important source of foreign currency. Sending country governments are thus incentivized to develop institutional structures to mobilize, train and dispatch their citizens to work abroad.

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### **3. Governmental policies affecting the migration of domestic and care workers in East and Southeast Asia**

Despite the strong demands for domestic and care workers in the receiving countries, and the huge incentives on the part of the sending countries to supply them, the migration patterns of domestic and care workers in East and Southeast Asia are far from uniform. The five receiving countries differ from each other noticeably in term of the number of foreign domestic and care worker they accept and in how they use these workers. Broadly, Japan and South Korea have been much more restrictive in their intake and the use of foreign domestic and care workers, although between the two, South Korean immigration policy appears more poised to liberalizing the intake of these workers than Japan. At another end of the spectrum, Hong Kong and Singapore are large importers of foreign domestic workers, while Taiwan, despite its prevalent use of foreign caregivers, remains ambivalent in terms of its policies towards these people. The uses of foreign domestic and care workers in the five receiving countries are also diverse, ranging from limited use of EPA nurses and care workers in Japan to large intake of domestic helpers in Hong Kong. The sections below discuss two main approaches to foreign domestics and care workers in East and Southeast Asia.

#### **3.1 Japan and Korea: Regulated institutional approach to foreign care workers and preference for co-ethnics**

Japan and Korea are both similar in their reluctance to accepting foreign care workers in the first instance, and if they use foreign care workers, they are more likely to give preference to co-ethnic over other foreign care workers. In both countries the national narratives of ethnic and cultural homogeneity have contributed to their historical anti-immigration trajectory. Both countries use temporary foreign worker visas to regulate the work they do, and to restrict them from settling in the countries. In Japan, the Economic Partnership Agreement (EPA) limits the intake of trained foreign care workers from the Philippine, Indonesia and Vietnam to 1000 per year per country. The EPA nurses and care workers work in institutions (meaning not in private homes), mainly within the context of Long-Term Care Insurance system, and they must write and pass national license examination within 4 years in order to qualify for longer stay. They work exclusively in elder care system. Japan currently does not have a formal occupational category for domestic workers, except for domestic workers or maids who work for foreign diplomats, although there is a proposal to pilot a foreign domestic worker category within temporary foreign worker scheme within the “special economic zones”. South Korea also do not have a formal occupational category for domestic workers or care workers, however, like Japan, there are some attempts by the government to consider creating foreign domestics and care worker category within temporary foreign worker scheme in light of huge demand for care. The reform of Working Visit System for ethnic Koreans from China and Russia (Chosunjok) in 2007 have helped ease the demand pressure for care workers. The reform bill allowed the Chosunjok free entry and exit, longer stay and access to broader range of low-skilled work, including care work. Studies show that a large number of older Chosunjok women are privately employed by families as care workers or nursing attendants for frail elderly in hospitals and homes for the aged. Unlike the case of Japan, however, these people are working outside the Long-Term Care Insurance system (Um 2011).

To compensate for their limited intake of foreign workers, both Japanese and Korean governments have been recruiting co-ethnics from their diasporatic communities abroad. In the 1980s and 90s Japanese government recruited Latin Americans of Japanese origin (Nikkeijin) to fill low-wage manual positions left vacant by native Japanese workers (Tsuda 2001; Onuki 2011). Subsequent immigration reforms have gradually lifted employment

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restrictions for Nikkeijin, and eventually granted them the right to permanent residency. The total number of Nikkeijin in Japan rose from approximately 160,000 in 1995 to 254,000 in 2005 (Japan-Statistics Bureau 2013). Currently Nikkeijin and the long-term resident foreign wives of Japanese nationals (most of them are Filipinas) are being recruited to work as elder care workers. In Korea, demands for low-wage manual workers in the 1990s and the 2000s also led to active the recruitment of Chosunjok. Like Japan, immigration policy reforms in Korea led to the introduction of Working Visit System in 2007, which accorded Chosunjok a preferential employment status in service and construction industry sectors, and granted them long-term residency status (Lee 2010; Michel and Peng 2012). Unsurprisingly the number of documented Chosunjok residents in Korea increased rapidly after the policy change, from 128,000 in 2001 to nearly 480,000 in 2010. Today they make up almost 40 per cent of the total foreign resident population, and most of them engaged in low-skill work (Oh et al 2011). A significant proportion of personal elder care workers working in hospitals for the aged in Korea are Chosunjok.

Japan and Korea's restrictive immigration policies may be explained by the combination of the prevailing notions about how care should be provided, a pervasive negative public sentiment towards immigration, and the employment regime associated with the current social care systems.

First, unlike Taiwan, Hong Kong and Singapore where it is common for families to outsource familial care by employing foreign live-in domestic or care workers, in Japan and South Korea, outsourcing of familial care is normally done through publicly or privately provided care services, and largely in institutional settings. In both countries, the governments have been promoting public and private childcare and elderly care services through regulation and funding. The Japanese government has steadily expanded public childcare system by activating and regulating care market since the 1990s. Today the average enrolment rate of children aged 3-5 in formal ECEC is over 90 per cent, well above the OECD34 average.<sup>2</sup> Proportion of children aged 0-2 in formal childcare in Japan also increased noticeably since the 1990s (OECD 2014). Similarly, the Korean government also hugely strengthened its policy of support for childcare since 2003, particularly by extending and raising childcare subsidies for families to purchase services in the market (Peng 2011, 2012; An and Peng 2015). In South Korea, the average enrolment rate of children aged 3-5 in formal ECEC today is over 80 per cent, while over 50 per cent of children aged 0-2 are enrolled in formal ECEC (OECD 2014).

Both countries also have instituted Long-Term Care Insurance programs (LTCI)—in 2000 in Japan and 2008 in Korea—thereby socializing elderly care through mandatory social insurance schemes. Although the family continues to be the main care provider for the elderly in both countries, much of the non-familial elder care is now provided through LTCI. Few elderly people in these countries employ live-in-caregivers at home, let alone *foreign* live-in-caregivers. Public opinion surveys show that most Japanese people prefer to receive old age care from their spouses and children first and then from home-helpers (i.e. LTCI) (Japan-Cabinet Office 2012). Similarly a recent survey in South Korea also found that a majority of Koreans prefers the elderly to be care for by family members and the state (i.e. LTCI services), which is a noticeable difference from a decade ago when the majority of Koreans preferred the elderly to be cared for by the family. Public opinion surveys of the elderly and their family caregivers in South Korea show 74.9 per cent support and satisfaction rate for LTCI system in 2009, and 86.9 per cent in 2011 (Rhee et al 2015). Like Japan, the proportion of elderly people receiving care from non-familial caregiver outside of LTCI in Korea is very small. In short, approaches to childcare and elder care in the two countries differ markedly from those of Taiwan, Hong Kong and Singapore in that the use of non-familial caregivers within the home is neither common nor preferred; rather the

<sup>2</sup> The figure is based on 2010 figure in the latest OECD database.

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existence of well established social care systems for children and the elderly seem to have deterred the use and the development of a private market for live-in-caregivers in private homes. To be sure, in Japan and Korea, the outsourcing of care has been carried out largely through social care systems, in forms of daycare centres for children and home care services or institutional care for the elderly, provided by public and/or private market care providers employing almost entirely native-born care workers.

The extensive use of, and the preference for, social care as a solution to child and elder care in Japan and Korea is also a result of policy path-dependency. In the early 20th century the Japanese government adopted industrialization strategies that involved active social investment in human capital and social infrastructures. The government built schools and hospitals, and established universal public education, transportation, communication, and public health care systems in an effort to modernize the nation and to raise an educated industrial labour force (Johnson 1995; Peng 2015; Peng and Tiessen 2015). In the post-war era, early childcare and education became both a national and a private household priority. Public and private kindergartens and public childcare facilities expanded rapidly across the country, the former offering early childhood education for the growing number of middle-class families, and the latter, providing subsidized care for children of single mothers and other poor families (Peng 2002b; Shimoebisu 1994). Similar economic and industrial strategies were also pursued in South Korea during the post-war era. Park Chun-Hee, the first President of South Korea's post-Korean War military regime, also adopted very similar economic and industrial policies to Japan during his authoritarian rule between 1961 and 1979 (Kim and Vogel 2011). In South Korea, childcare institutions developed rapidly after Korean War to accommodate orphans and children from poor families. This in turn created an institutional framework that led to the subsequent expansion of public childcare institutions, albeit the main target of public childcare centres were the children of poor working mothers. During the 1960s and 70s, childcare centres continued to grow as the government's industrialization plans drew more mothers into the labour market (Song et al 2009).

State investments in human capital (including early childcare and education) and public institutions (kindergartens and childcare centres) also created a strong path-dependent development pattern that favoured the socialization of care. In Japan, for example, the urgent push to expand public childcare immediately after WWII set the subsequent path for the institutionalized public childcare system. As a part of the postwar economic reconstruction effort, the government rushed to construct childcare centres to support working parents.<sup>3</sup> Within a span of four years between 1946 and 1950, the number of childcare centres in Japan more than quadrupled, from 827 to 3,684. By 1950, over 292,000 pre-school age children were being cared for in childcare centres (Matsumoto 2009). Once the public childcare policy was in place and the number of children cared for in childcare centres grew, public expectations of and demand for public childcare also grew. So much so that in the mid-1970s when the government tried to roll back state support for childcare, it faced one of the largest protest movement in Japan's post-war history, organized under the slogan "As Many Childcare Centres as Postboxes" (Posuto no aru dake Hoikusho), spearheaded by women's organizations (Matsumoto 2009; Shimoebisu 1994; Peng 2002b). In 2014, there were nearly 24,500 childcare centres, caring for more than 2.25 million children, across the country (Japan-MOHLW 2014). By the time the issue of elder care became a policy concern in the 1990s, the precedent for socializing care was already in place, and bureaucrats and policymakers saw LTCI as a natural and acceptable option to address the elder care issue. This was further supported by grassroots movements led by women's groups and senior citizens groups (Campbell 1996; Peng 2002).

<sup>3</sup> In Japan, orphanages were separated from public childcare centres under a different policy stream within child welfare.

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Similar path-dependent institutional development is also evident in South Korea. After observing Germany and Japan implement their LTCI systems, South Korea also introduced its own LTCI system in 2008. Although unlike Japan South Korean government had to rely much more on private sector care providers to deliver LTIC services, South Korea's similar economic development strategies characterized by state investments in human capital and public institutions, and the existence of public childcare institutions, have powerfully shaped their public and policy preferences for social care. In summary, Japan and South Korea's historical legacy of state-led economic development involving public investments in care institutions have helped shape people's understandings about care and how it should be provided, and this in turn further informed the national consensus about the acceptability and the 'norm' of socializing care, and the unacceptability of the use of private live-in-caregivers.

In addition to their institutional orientation in favour of social care, the two countries also share similar collective public imaginaries about their ethnic and cultural homogeneity, which have contributed to pervasive negative public sentiment towards foreigners and immigration. Both countries identify themselves as ethnically and culturally homogeneous nations with such commonly used identifiers as *tan'itsu minzoku* (unitary nation) in Japan and *danil minjok* (unitary nation) and *Han minjok* (Korean nation) in Korea. Even though these ideas are relatively recent constructs, they have had a powerful and lasting impact on the (non)immigration policies in the two countries. Public opinion surveys in both countries reveal strong resistance to accepting foreign workers and immigrants. In Japan the public attitudes toward foreign workers have not improved over the last several decades despite increased internationalization. For example, the 1990 Cabinet Office's public opinion survey of foreign workers found those for and against accepting unskilled/semi-skilled foreign workers equally divided at 14.1 percent and 14.9 percent, respectively, while the majority (56.5 percent) maintained that unskilled foreign workers should be accepted only under strict conditions (Japan-Cabinet Office 1990). The same opinion poll conducted in 2000 showed an even more negative attitude, with those against accepting unskilled/semi-skilled foreign workers at 21.2 percent, compared to those in favour at 16.3 percent (Japan-Cabinet Office 2000). When asked more specifically about people's opinions of foreign care workers, slightly more people were against than for (48.3 percent versus 42.8 percent).

Finally, the employment regime associated with the current social care systems in Japan and South Korea also creates barriers to employing foreign care workers, although differences in the regulation of LTCI and the availability of co-ethnics willing to work in elder care sector in the two countries also influence the extent to which foreign care workers are used in these places. First, the LTCI systems in both countries preclude institutionalization and regulation of elder care. The LTCI laws in both countries stipulate that only publicly certified home-helpers and care workers may provide care within the LTCI system (i.e. their services being paid by the LTCI). In Japan, all fees for services provided by LTCI are set by the government, and only local governments, quasi-public welfare corporations, non-profit organizations, hospitals, and for-profit companies that are licensed and supervised by prefectural government are allowed to provide care (Shimizutani 2013: 14). Japan's care regime, based on a regulated quasi-market system thus creates a strong institutional regulatory mechanism determining who can provide care and under what conditions. This in turn makes the barriers to entry for foreign care workers extremely high. Although regulations on LTCI in South Korea is not as stringent as in Japan, in both countries certification requirements for elder care workers blocks the use of uncertified care workers, particularly foreign migrant care workers. Thus the combination of tightly regulated care market and the training and qualification requirements for care workers in Japan and South Korea create high barriers to employing foreign care workers.

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### 3.2 Hong Kong, Singapore, and Taiwan: Liberal use of foreign domestic workers

In Hong Kong, Singapore, and Taiwan, where the governments have opted for private family solutions for care, much of childcare and elder care is nevertheless being outsourced to domestic and care workers. All the three countries have reformed their immigration policies to enable families secure foreign domestic or care workers. For example, the Singaporean government significantly liberalized the regulations on sponsoring and hiring of foreign domestic workers in the 1990s, and implemented tax reductions for families living with elderly members to employ foreign care workers (Yeoh and Huang 2010). These policy reforms have resulted in a sharp rise in the number of foreign domestic care workers—a 144 per cent increase in registered female domestic workers, from 140,000 in 2002 to 201,000 in 2010 (TWC2 2011). A 2012 national survey of Singaporeans aged 75 and over found approximately 50 per cent of these people were dependent on foreign care workers for their daily care (Ostbye et al 2013).

Like Singapore, Hong Kong has a long history of using domestic service that derives from its British colonial legacy whereby the use of domestic servants by colonial masters and wealthy Chinese and foreign merchants was common. In 1974, as the country's economy began to grow, the Hong Kong government introduced a new immigration channel for the rising middle class to hire domestic helpers from other Asian countries. The combination of strong economic growth, rising domestic wage, and the availability of foreign domestic workers subsequently led to a steady increase in the intake of foreign domestic helpers. By the 1990s the use of foreign domestic help had become both economically feasible and necessary for middle-class families (Cortes and Pan 2013; Wang 2011). Unlike Taiwan, most of foreign domestic helpers in Hong Kong, in addition to providing domestic services, were primarily caring for small children. Indeed, the use of foreign domestic help in Hong Kong became so extensive that the 2006 census found that nearly 8 per cent of all households, and over a quarter of households with pre-school age children, had foreign domestic helpers (Wang 2011). As shown in Table 1, today Hong Kong has the second highest ratio of foreign domestic/care worker to household with one foreign domestic/care worker to every 7.5 households, after Singapore where there is a foreign domestic/care worker to every 5 households. Even though Hong Kong government has increased its budget for and provisions of community based elder care services, largely run by non-profit volunteer organizations, like Singapore and Taiwan, there has been a rapid influx of foreign domestic workers in the territory. This may be attributed to the tax policies that are favourable to hiring domestic workers, and to a strong cultural norm in favour of using domestic workers. Between 1993 and 2012, the number of registered foreign domestic workers increased from 98,400 to 312,400 (Hong Kong-Census and Statistics Department 1995, 2012). In 1993 over 60 per cent of the foreign domestic workers were employed in households with children under the age of 12, while only 9.6 per cent were employed in households with people over the age of 65 (Hong Kong-Census and Statistics Department 1995, 2012); more recent surveys, however, reveal an increase in the use of foreign domestic workers for elderly care as well as childcare.

In Taiwan the Foreign Live-in-Caregiver program has enabled middle class families to access foreign care workers more easily. Additionally, the introductions of the Living Allowance for the Aged with mid- and low-income in 1993, Living Allowance for Old Farmers in 1995, and Living Allowance for the Aged in 2008 have helped partially relieve families of some of the financial burden of purchasing care. As in the case of Singapore, the relaxation of immigration policy for foreign care workers, and the increased financial support for the elderly, have facilitated and encouraged the use of foreign care workers in private homes, and accelerated the entry of foreign care workers. The number of registered foreign care workers in Taiwan rose from 306 in 1991 to 193,000 in 2013—about 95 per cent of whom were working in private homes, most of them caring for frail elderly (Wang 2011; Taiwan-CEPD 2013). Unlike Singapore and Hong Kong, however, Taiwan also has

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been experimenting with the idea of LTCI. In response to strong public and civil society demand for public support for care, the Taiwanese government began policy debate on LTCI in 2008. In May 2015, the government passed the first part of the LTCI bill. The second part of the bill is currently under debate. If the Taiwanese government passes its LTCI legislation, it may shift the mode of elder care, and alter the use of foreign caregivers.

The combination of these countries' liberal market economic orientation and population heterogeneity makes the use of foreign care workers a logical solution for meeting care needs in Taiwan, Hong Kong and Singapore. Both Singapore and Hong Kong have had long histories of using foreign migrant workers to fill labour shortages. As well, all three countries share similar official national rhetoric of multi-ethnic and multicultural society, and therefore, have little or no aversion to importing foreign care workers, as long as they don't remain as long-term residents. Social and cultural norms toward using non-familial domestic workers are also more widespread in these three countries than in Japan and Korea. In the case of Taiwan, the historical cross-strait tension has created significant anti-mainlander sentiments in that country that despite ethnic, language and cultural differences, South Asian care workers are more preferred than their co-ethnic Chinese care workers from the mainland.

## CONCLUSION

This report provided an overview of the current migration patterns of domestic and care workers in East and Southeast Asia, and discussed social, cultural, and economic factors that are contributing to the increased demand for and supply of domestic and care workers in the region. Today, East and Southeast Asia is an important global care migration corridor because of the huge size and intensity of movement of domestic and care workers within and across countries in the region. A large variation in national economies and diverse socio-demographic and cultural contexts amongst countries within the region also makes it a real microcosm of global migration. The survey of key migrant worker receiving countries reveals that despite their similar socioeconomic and demographic backgrounds significant variations exist in terms of their approaches to care and the use of foreign care and domestic workers. This can be explained partly by the differences in their historical and institutional settings that in turn have shaped national policies towards care and immigration. The spectrum of approaches to care and migration ranges from countries such as Japan that follow a highly regulated institutional approach to care and hence limit the use of foreign care workers to those that see care primarily as a private responsibility and hence encourage citizens to actively employ foreign domestic workers to do care and other reproductive work, such as Hong Kong. These national variations underscore the importance of understanding historical and institutional bases of national policies, and how national policies in turn set institutional framework that shape social and cultural norms and expectations. As well, it reveals how the ideas about and understanding of care closely intersect with not just family and care policies but also immigration and labour policies. For the sending countries the current patterns of care migration also highlight the ways in which the marketization of women's care and domestic work, hitherto hidden within private households, and hence publicly discounted, have become an important engine of national economic development and a new form of global trade commodity.

This survey of domestic and care workers migration in East and Southeast Asia also raises a number of challenges and questions for the region. First, the current dynamics of intra-regional care worker migration clearly illustrates social and economic disparities between receiving and sending nations. If our common goal is to reduce and/or ameliorate

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economic disparity and global inequality, the current system does not appear to be an effective model. There is active global debate on whether labour migration, including that of care and domestic workers, is an effective development strategy for developing countries (see for example, Bastia 2013; Castles 2009; de Haas 2012; Piper 2010). This survey suggests that if we are to encourage and pursue migration as a development policy, it would be necessary to develop structure and processes by which transnational labour migration can be organized, regulated, and monitored to ensure employment standards are met, workers are given fair wages, and that employment conditions are safe. Second, the intensification of care and domestic worker migration within East and Southeast Asia also brings to the fore the considerable care dependencies amongst sending and receiving countries within the region. Notwithstanding the reality of care deficits currently experienced by families in sending countries as a result of substantial out-migration of female caregivers, the process of steady fertility decline and population ageing in these countries implies that they will face an even greater challenge in future in meeting their citizens' care needs. This raises the question of how will sending countries manage their current and future care needs, and what would be, if any, positions and/or obligations of receiving countries in addressing such problem.

Finally, this report also points to the importance of paying greater attention to the situation of internal migration of domestic and care workers in China. China merits a special research attention because of the rapid expansion of domestic and care work over the last couple of decades. Although research on migration of domestic and care workers in China is still at a very early stage, existing literature show a dramatic change in the care landscape after the 1979 economic reform. The shift to market economy followed by privatization of state owned enterprises led to drastic cut back in direct state social welfare provisions. Responsibilities for both childcare and elder care, hitherto taken for granted as a part of the communist government provisions for its citizens, were thus transferred back to the family or to the market. The Chinese government's recent elder care policy reforms to fund private sector elder care service has led to a huge expansion of private elder care institutions and domestic and care services in cities (Feng et al 2012; Feng et al 2011; Wu et al 2008). The expansion of domestic and care services in urban areas is increasingly drawing migrant women from rural areas into employment (Hong forthcoming, 2015). The China is an important case for us to understand migration of domestic and care workers not simply because of the immense size of people involved, but also because existing evidence suggests that even though the Chinese migration is largely internal, the processes and outcomes are very similar to that of international migration. This, in turn, raises questions about the universality of domestic and care migration work and experiences. Chinese case thus may help us gain greater insight to the relationships between gender, migration, and marketization of reproductive work.

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